

*** RETURN TO LINWOOD ***

SAINT PAUL DEPARTMENT OF PARKS AND RECREATION
S MORE FUN PROGRAM
2009 REGISTRATION CHECK OFF

Child's Name

_____ \$35.00/per child non-refundable processing fee
* To be checked off by staff *

_____ Registration Form

_____ Fee Contract, duplicate sent home

_____ First week's tuition, \$145.00 a week and/or \$32.00 a day
* To be checked off by staff *

_____ Emergency Information Form

_____ Medication Permission Forms (if needed)

_____ Release Form

_____ Parent Handbook

**SAINT PAUL PARKS AND RECREATION
2009 LINWOOD S MORE FUN PROGRAM
REGISTRATION FORM
(PLEASE PRINT CLEARLY)**

A \$35.00 non-refundable processing fee per child must accompany this application.

CHILD S NAME _____ NICKNAME _____

PHONE _____

ADDRESS _____ ZIP _____

AGE _____ GRADE(2008-09 SCHOOL YEAR) _____ BIRTH DATE _____

SEX: _____ MALE _____ FEMALE _____ Home Phone _____

CHILD RESIDES WITH: _____ Both Parents _____ Mother _____ Father
_____ Stepfather _____ Stepmother _____ Guardian

MOTHER/GUARDIAN S NAME _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE () _____

STEPFATHER S NAME

PLACE OF EMPLOYMENT _____

BUSINESS PHONE () _____

HOME ADDRESS _____ ZIP _____

HOME PHONE () _____ E-MAIL ADDRESS _____

FATHER/GUARDIAN S NAME

PLACE OF EMPLOYMENT _____

BUSINESS PHONE () _____

STEPMOTHER S NAME

PLACE OF EMPLOYMENT _____

BUSINESS PHONE () _____

HOMEADDRESS _____ ZIP _____

HOME PHONE () _____ E-MAIL ADDRESS _____

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM S MORE FUN. PHOTO I.D. MAY BE REQUIRED BY THE STAFF PRIOR TO RELEASING YOUR CHILD.

NAME	ADDRESS	PHONE
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

HELPFUL ADDITIONAL INFORMATION

List any condition present that might result in an emergency, and correct plan of action:

List any special needs of your child (allergies, special diet, etc.):

Language, other than English, your child speaks or understands:

Special interests and favorite activities of your child:

Particular behavior difficulties or potential problems staff should be aware of:

Additional information that would help staff get acquainted with your child:

List names and ages of brothers, sisters, stepbrothers, stepsisters:

In relation to your child, what are your expectations of S MORE FUN ?

CHILD S NAME

PARENT/GUARDIAN SIGNATURE _____ **DATE**

**SAINT PAUL PARKS AND RECREATION
2009 Linwood SMORE FUN PROGRAM
EMERGENCY INFORMATION FORM**

Child's Name_____

Address_____ Zip

Home Phone ()_____ Birth date

Mother s Name

Business Phone_____ Ext.

Father s Name

Business Phone_____ Ext.

Please list any health needs your child may have:

Parent/Guardian to contact in case of an emergency:

If my child becomes ill and I cannot be reached, please call:

1. Name_____ Phone ()_____ Address
_____ Relationship

2.Name_____ Phone ()
Address_____ Relationship

3. Name_____ Phone ()_____ Address
_____ Relationship

Name of Doctor/Clinic

Address_____ Phone ()

Medical Insurance Company and Policy Number for your child:

Signature_____ Date

**REGISTRATION MATERIALS
SAINT PAUL PARKS AND RECREATION
2009 LINWOOD SMORE FUN PROGRAM**

RELEASES

CHILDS NAME

PROGRAM

I agree to abide by the terms and conditions of the City of Saint Paul Parks and Recreation SMORE FUN Program policies, of which I have received a copy, governing the enrollment of my child.

Signature_____ Date

FIELD TRIPS

I agree to permit my child to participate in the field trips sponsored by the SMORE FUN Program. Trips planned will be posted.

Signature_____ Date

MEDICAL EMERGENCIES

In the case of a life-threatening emergency involving my child, I authorize the SMORE FUN program to use the Paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

Signature_____ Date

ACCIDENTAL POISONING

In the event of accidental poison ingestion, I understand that the SMORE FUN staff will contact the Poison Control Center. I hereby give my permission for the staff to administer Syrup of Ipecac to my child if directed to do so by a physician or the authorities of the Poison Control Center.

Signature_____ Date

SUN SCREEN

My child has permission to apply sun screen. Staff has permission to apply sun screen to my child.

Signature_____ Date

ANECDOTES AND PICTURES

I grant permission to the S MORE FUN Program to use my child s name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature_____ Date

**SAINT PARKS AND RECREATION
LINWOOD S MORE FUN PROGRAM
2009 PARENTS FEE CONTRACT**

Childs Name: _____ Registration Fee: (Paid)_____ (Receipt #)

* Please circle all of the days your child will be attending, staff will fill in all other information. *

Week	Dates	Days	Due Date	Cost	Paid	Check# - Cash	Receipt#
1	June 15 - June 19	MT W TH F					
2	June 22 - June 26	M T W TH F					
3	June 29 - July 3	M T W TH F					
4	July 6 - July 10	M T W TH F					
5	July 13 - July 17	M T W TH F					
6	July 20 - July 24	M T W TH F					
7	July 27 - July 31	M T W TH F					
8	August 3 - August 7	M T W TH F					
9	August 10 - August 14	M T W TH F					
10	August 17 - August 21	M T W TH F					

DATES/TIMES: The S More Fun program begins Monday, June 15Th and ends Friday, August 21st.

S more Fun opens at 7:00am and closes at 6:00pm.

ENROLLMENT STATUS: Full time status is defined as follows: Five days a week for ten weeks, with one unpaid vacation week allowed. Part time status is defined as follows: Three or more days a week for ten weeks, with one unpaid vacation week allowed. **FEE PAYMENT POLICIES:** The cost is \$145.00 a week and/or \$32.00 per day. Any bank service charge for returned checks will be charged to the parent. Multiple child discount (Full time status only): 1st child \$145/week, 2nd child \$135/week, and 3rd child \$125/week.

Tuition is due on the first day of the week that your child attends the program. For example, if your child attends the program Monday-Friday, your tuition is due on Monday. If your child attends the program Wednesday - Friday, your tuition is due on Wednesday. **A \$5.00 per day late charge will be added to your fees if tuition is late.**

If your child is absent from the program, our budget demands that we must still collect a fee for that day. This includes sick and impromptu vacation days.

Field trip payments are due on the day of the field trip. **A \$5.00 per day late charge will be added to your fees if the payment is late.** If your child is absent from the program, on a field trip day, our budget demands that we must still collect the field trip payment.

Smore Fun closes at **6:00P.M.** If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:02P.M., you will be charged a \$10.00 late fee. A child will not be allowed to return to the program until the fee is paid. ***THIS WILL BE ENFORCED***

ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES: Parents may remove their child from the program for up to one week and not be charged a fee, providing a two week advance notice is given.

AGREEMENT: I have read the Smore Fun parent handbook, and I agree to pay all of my Childs tuition.

Signed: _____ Date: _____